Community-Based Job Training

In December 1946, the International Labour Organisation (ILO) became the first specialized agency associated with the United Nations. Originally, it had been established in 1919 under the Treaty of Versailles, as an independent institution associated with the League of Nations. The ILO works to promote decent standards of living, satisfactory conditions of work and pay, and adequate employment opportunities for working people everywhere.

During the UN Decade of Disabled Persons, the ILO has developed community-based methods to address the employment needs of disabled people. ILO's technical cooperation projects have assisted the development of community-based programmes providing vocational skills and employment to disabled people in Costa Rica, the Dominican Republic, El Salvador, Ecuador, Ethiopia, Guatemala, Honduras, Indonesia, Kenya, Lesotho, Malawi, Nicaragua, Nigeria, the Philippines, Swaziland, the United Republic of Tanzania, Zambia and Zimbabwe.

The experience of 44-year-old Helman Senza of Malawi illustrates the success of ILO's community-based approach. When Helman was eight, an attack of poliomyelitis left him with paralysed legs. His parents were farmers subsisting on a small piece of land 20 kilometres from Lilongwe. There were no medical services in his village and, with no access to medicine or therapy, Helman's conditions worsened. His weakened legs atrophied and the boy had to drag himself around on his hands and knees. As he grew older he remained dependent upon his parents, but they could afford only to feed him; sending him to school was beyond their means.

When his parents died in the mid-1980s, Helman, at 39, was alone, dejected and vulnerable. Villagers advised him to go to the city to beg. None of them thought that a man with such a disability could earn a living. Eventually, Malawi Against Polio, a charitable organization, gave him a tricycle wheelchair. But without job skills, he could not earn money to buy food.

Travelling on his tricycle, Helman visited a nearby village where people were gathered to hear a talk. "I found myself at a meeting where a gentleman was explaining about a new programme to help people like me, right in their homes. He was also encouraging the rest of the community to help disabled people," he explained. Helman Senza had attended the first meeting convened by a community rehabilitation volunteer to announce a community-based rehabilitation programme of the Malawi Council for the Handicapped, assisted by the ILO and the United Nations Development Programme.

Dalison Makhundize, the volunteer, worked out a rehabilitation plan with Helman. They decided that tinsmithing would be compatible with his disability and that there would be a local demand for the work he did. To carry out their plan, they needed to find a local craftsman who could train Helman. The volunteer found Soza Mphevu, a tinsmith in another village. He welcomed the disabled man to his workshop, but later commented: "At first I expected payment, but it dawned on me that I was actually playing an important part and will be one of those to help this person become self-reliant. I am proud of it."

Now Helman Senza makes and mends enough cooking-pots and water pails to bring in a regular income and support himself.

Lewis Msasa, a community rehabilitation officer with the Malawi Council for the Handicapped, explains: "The aim of our programme is to help people to help themselves and to become self-reliant within their community after being trained by community members."

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At the start of the UN Decade of Disabled Persons, community-based methods were little more than an idea, but by the 1990s they had become the favoured solution. This evolution was inevitable, as rehabilitation institutions simply could not cope with the demand for training, and often did not teach the appropriate vocational skills for an independent life. Their services were costly and not very effective, and they were rarely located in villages, so disabled people had to leave their families to attend training courses. But the Decade brought policy makers, planners, economists, social scientists, rehabilitation professionals and disabled people together in constructive debate, and the growth of community-based work accelerated.

Ten years ago, most rehabilitation centres were self-contained institutions with staff, equipment, standard assessment tests and training syllabuses, but with little or no contact with the world of work outside. Today many centres provide outreach services to disabled people, offer part-time courses, operate mobile rehabilition teams, or act as resource centres for training craft instructors and other vocational rehabilitation professionals.

Mustapha Hasan experienced something of this new flexibility when he attended a rehabilitation centre in Yemen.

As a toddler he fell downstairs at home and suffered a severe injury which left him deaf. He grew up in the city of Taiz, where his father is a judge and his older bothers are officers in the police and the military. This well-off family could easily have made the mistake of over-protecting Mustapha and not allowing him to go out to work and grow. But when he was 19 his father arranged for him to attend a vocational rehabilitation centre in Sana'a, about 400 kilometres from his home.

He showed an aptitude for carpentry, and developed skills with tools and timber. Many rehabilitation programmes provide training, but fail to assist trainees in finding paid employment. This training centre arranged for a commercial workshop in Sana'a to "employ" Mustapha as a carpenter every afternoon, enabling him to polish his skills and increase his confidence.

Mustapha learned skills as a carpenter, and confidence as an employee. With the training completed, he returned to his home town and now has a permanent job in a local carpentry business.

High on the list of disabled people's policy priorities is full participation in the open labour market and equal recognition as employees. ILO fully supports these aspirations. Open employment for a disable person, working alongside other colleagues, is a challenge for developing countries where employers can often choose from a large pool of unemployed people. Open employment, however, remains an important goal for equalizing opportunities for disabled persons.

ILO is committed to ensuring the participation of disabled people in the mainstream of society, notably in training and employment. On 20 June 1983, the annual International Labour Conference of the ILO adopted the Vocational Rehabilitation and Employment (Disabled Persons) Convention (Convention 159). It has been ratified by 39 member countries, which undertake to observe and promote specified "principles of vocational rehabilitation and employment policies for disabled persons".

The Convention reuqires national rehabilitation policies to accommodate all categories of disabled people, to provide equal opportunities between disabled and other workers, and to promote employment opportunities in the open labour market. To carry out the Convention's provisions, representatives of employers, workers and organizations of and for disabled people are to be involved.

Convention 159 has helped influence national legislation and policies in serveral countries. Cameroon, China, France, Poland and the United States have each modified existing laws or introduced new legislation. Convention 159 is encouraging other countries to review the legal protection they give their disabled population on matters of access to skills training, equality in the labour market, job security and career advancement.

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Community-Based Rehabilitation in Benin

The United Nations Development Programme (UNDP) was established by the UN General Assembly in 1965 to provide technical assistance to developing countries to improve their use of human and natural resources. UNDP and UNDP/International Initiative against Avoidable Disablement (IMPACT) have initiated a wide range of activities aimed at improving the prevention and treatment of disability around the world. The following story illustrates some of the ways in which UNDP is working to integrate services for disabled people into the community. Eleven-year-old twins Sam and Samson sit on a woven mat in the front yard of their small house in Cotonou, Benin. Sam lies down, and Samson carefully lifts his brother's left leg and slowly brings it back down to the ground. "One, two, three," they count together.

Sam and Samson, who, like most people in their community, use only their given names, look like any other children playing outdoors. But they are actually practising a series of daily exercises that have a significant impact on Sam's life. Both brothers contracted polio when they were babies. Samson recovered completely but Sam was not so lucky. Polio left several of his muscles partially paralysed.

Less than two years ago, Sam was barely able to move and was totally dependent on his family. Now, through his daily rehabilitation sessions with Samson, who received special training to help his brother, Sam has regained some muscular control. He also has been equipped with leg braces, and he walks to school every day with his brother. "Samson and I are in the same class," he says proudly.

Sam is among the beneficiaries of a pilot community-based rehabilitation programme for disabled people, supported by the Swedish Government and UNDP. The programme was launched in January 1990 in a district of the city of Cotonou and in the rural area of Comé in Benin.

The Government of Benin provided social workers for each pilot zone, training them for three months as community-based supervisors. Their role is to identify disabled people in their communities and assess their needs. "We help all kinds of disabled people," says Dominique Lawani, the social worker in Cotonou, "adults who need some help to start income-generating activities, and children who could go to school but stay home because of their disabilities."

Integration of disabled children into the regular school system is a main objective of the programme, which regularly organizes awareness seminars for teachers and school directors in Cotonou and Comé. "Community education and information about disabled persons is very important," says Constance Facia, who is in charge of the programme at Benin's Ministry of Social Affairs and Labour. "In most cases, school directors are reluctant to accept disabled children, especially those with cerebral palsy," she says, explaining that cerebral palsy is often confused with mental retardation. She worked for quite a while to get 10-year-old Romuald accepted in a Cotonou school, and now the boy participates fully in the school programme "He is very bright. He will just need help to write, because his cerebral palsy affects the control of his hands," says Mrs. Facia.

Specialized institutions for disabled people in developing countries are very costly, are not always effective and are only available to a limited number of persons. A simpler and more practical approach calls for disabled people to stay with their families and improve their condition through simple rehabilitation exercises. This home-based approach also gives them an opportunity to learn skills that will help

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UNITED NATIONS

them to become productive rather than dependent members of the community.

"Lately, we have noticed an increasing number of disabled adults begging in the streets of Cotonou," says Mrs. Facia. "This is unfortunately a new trend. Disabled people used to be taken care of by their families, but now, with the worsening economic situation, many of them will end up in the streets."

Every day, Mr. Lawani rides his motorcycle around the Cotonou district covered by the programme. He personally contacts each family that requests help for a person with a disability and trains one family member to do rehabilitation exercises with that person daily. "I select the family member who is most likely to be available for daily practice," says Mr. Lawani. "The mother is usually the trainer, but if she is too busy, a sister or a brother is a good alternative." Sam and Samson experienced the training sessions as a game, illustrating the fact that when rehabilitation is approached as a potentially enjoyable activity, the disabled person tends to progress faster.

Among other disabled children supervised by Mr. Lawani is four-year-old Rodrigue, who contracted polio two years ago. He has just started rehabilitation, aided by his mother. Mr. Lawani makes sure that the exercises are done correctly. They include leg movements to improve mobility, as well as walking between parallel bars made of two long pieces of wood tied to the supports of the porch roof.

While over half of the beneficiaries of the UNDP-supported programme are children, the integration of disabled adults into the community is equally important. "We have young adults already in training for various jobs", says Mrs. Facia, "and others who want to acquire skills they can use to earn a living." Some young disabled women have chosen to learn dressmaking, while a group of deaf men are being trained in car repair.

"In many cases, disabled people cannot afford the cost of the apprenticeship," says Mrs. Facia. "When we ask enterprises to take a disabled person, we also ask them to lower the training cost." Usually, the response is good. Trainers charge half their usual fees and are proud to help someone with a disability. For example, a young man with cerebral palsy who wanted to learn secretarial skills was enrolled free of charge in a business school in Cotonou.

Volunteer rehabilitation committees composed of church representatives, parents of disabled children and other community members have been created in Cotonou and in Comé. Committee members in each region work closely with the rehabilitation agent to plan, manage and follow up on activities. They are very active in raising funds to help disabled people start income-generating activities.

In Comé, being in a wheelchair does not prevent 25-year-old Jacques from raising sheep and pigs. To help him get started, the local committee collected $US 160 to build a pen for the animals. "When disabled people need money to start their activities, we submit their cases to the committee for possible funding from the community," says Mrs. Facia. Support also comes from several international non-governmental organizations which provide surgical operations and braces for children.

UNDP has provided a consultant specializing in the rehabilitation of disabled people, who coordinates programme activities in Benin, Chad and Cote d'Ivoire. He strongly supports the community orientation of the programme. "We have to use a technique adapted to the people's capabilities and we also have to learn from the community itself," he says.

In Benin, there is no census of the population of disabled people. But an estimated 6 per cent of the population suffer from various disabilities. In the two regions covered by the community-based rehabilitation programme, over 100 disabled people have seen their living conditions improve significantly. In January 1992, four additional regions were to be included in the programme.

"Community-based rehabilitation requires a long-term effort on the part of disabled people, their families and the community," says Mrs. Facia. She is sometimes discouraged when a disabled person gives up the effort and quits the programme. "But when you see a child who was crawling on the floor, and who, months later, starts going to school, it is such a reward that it is worth every effort."

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The Battle Against River Blindness

Founded after the Second World War, the Food and Agriculture Organization of the United Nations (FAO) is mandated to raise the levels of nutrition and standards of living of people in developing countries, improve the efficiency of production and distribution of food and agriculture, and better the conditions of rural populations. Since its founding in 1945, the agency has worked to prevent the many disabilities caused by malnutrition and hunger. FAO's battle against river blindness is one example of the agency's work against disabling diseases. For generations, onchocerciasis (river blindness) struck thousands of the inhabitants of the river valleys of Western Africa. The disease was the world's second greatest cause of blindness, and its presence rendered tens of thousands of hectares of fertile land practically uninhabitable. Today some of the children in West African villages still lead their blind elders around with sticks, but they are growing up without the threat of river blindness.

The FAO is one of four sponsoring agencies (along with the World Health Organization, the United Nations Development Programme and the World Bank) of the Onchocerciasis Control Programme (OCP), which has rid large areas of Western Africa of this ancient scourge.

Before the campaign was launched in 1972, some 2.5 million people contracted onchocerciasis. The more than 8 million children born since then are all free from the infection. Over 15 million hectares of previously affected territory are now under control. In 100,000 cases, blindness has been prevented and over 18 million people have been protected. The Control Programme has been able to virtually wipe out the risk of infection in many areas, primarily through a highly organized larvicide campaign initiated in 1974.

Onchocerciasis is caused by a parasitic worm (*Onchocerca volvulus*), which is transmitted to man by multiple bites from infected blackflies. The worm releases embryos into the skin, which provoke itching, lesions and sometimes a loss of pigmentation. These embryos also invade the eye, causing serious damage that eventually leads to blindness.

When OCP started in the early 1970s, there was no drug available to combat the disease, so control efforts focused on eliminating the blackfly. Larvicide spraying by helicopter began in 1974 in Burkina Faso, and the following year was extended to the northern part of Cote d'Ivoire, the eastern fringe of Mali and north-western Ghana.

During Phase II in 1976, operations were launched in the White and Red Volta basins of Burkina Faso and in northern Ghana. By 1977, the larvicide campaign reached eastern Mali as far as the Niger River and the north-western part of Cote d'Ivoire. Operations also were started in the endemic areas of Niger, northern Togo and northern Benin. Four more countries—Guinea, Guinea-Bissau, Senegal and Sierra Leone—eventually joined the Programme.

While the larvicide campaign was effective, there was still no remedy for the disease itself. In 1975, ivermectin, an anti-worm drug initially used with livestock, was discovered to be effective for humans as well. The drug destroys the irritating microworms and protects infected people for up to a year. Although ivermectin was not able to reverse blindness, its use against onchocerciasis reduced the suffering of thousands of victims.

The Programme's long-term aim is to turn the previously oncho-affected areas into habitable areas where people can safely live and work. Already, thousands of small farmers have returned to the fertile

UNITED NATIONS

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river valleys of West Africa in pursuit of new opportunities offered as a result of the Control Programme. Over 500,000 people, representing 62,000 households, are expected to benefit from resettlement activities.

FAO and its development partners are contributing to this phase of OCP with a host of initiatives for resettled areas. Plans are being launched to increase and improve food production, transportation and marketing. Villages in the oncho-affected areas are to benefit from better roads, schools and health services. There are also projects related to women's participation, small-scale food processing, livestock production, crop storage and crop diversification. FAO, together with the United Nations Development Programme, has assisted Governments in planning area development programmes and in many cases has undertaken development activities.

"OCP has set in motion a regional support network that can flourish beyond the duration of the Programme. We have proved that boundless achievements are made possible when a true spirit of cooperation exists," said Dr. Samba, Director of the Programme.

Benin has included development of the oncho control zones in its national development plans. Projects are planned to improve rural development, fruit and food-crop production and livestock rearing.

In the Kan Valley in Cote d'Ivoire pineapples, avocados and vegetables will be grown for local consumption and export. Livestock rearing is planned for the valleys that were previously uninhabited because of onchocerciasis.

The onchocerciasis regions under control in Ghana are included in a national five-year development plan. Efforts have focused on irrigated rice-, tomato- and cotton-growing. Over 220 small dams have been built and several medium-sized ones are under construction.

Burkina Faso is continuing an ambitious development plan under the Volta Valley Development Authority. Priority is being given to strengthening infrastructure, reforestation and implementation of measures to ensure self-sufficiency in food production of small farmers.

Following agreements with UNDP and FAO in 1978, the Malian Government established a data bank and a planning unit for the onchocerciasis zone. Surveys were made of three target areas for resettlement and general development, and plans were drawn up for the installation of basic facilities (boreholes, pumps, mills) and for the introduction of renewable forms of energy.

The other countries within the control zone—Guinea, Guinea-Bissau, Niger, Senegal, Sierra Leone and Togo—also have plans for rural development and the reintegration of their migrant populations. From the beginning, natural resource surveys were conducted and socio-economic data gathered to prepare the groundwork for resettlement and development activities.

"The road is long, but OCP has already measured more progress than we ever dreamed possible," Dr. Samba said. "Now the real work of resettlement and development can begin in earnest."

During the UN Decade of Disabled Persons, FAO has continued with its global programmes to prevent disabled persons from hunger and malnutrition. FAO provides advice and assistance to Governments and programmes for increasing food production and food availability. The Organization is working to improve the health and nutrition of people around the world, through nutrition planning, nutrition intervention and food quality control programmes.

In addition, FAO operates a large information programme to increase public awareness in regard to food, nutrition and agriculture.

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